

## 'RISK ESTIMATION' PROCESSING PART (A)

Fig.1

NAME AGE		MEDICAL CARD NO. DATE		DOCTOR HYGIENIST	
BASIC EXAMINATION					
①	CARIES EXPERIENCE	YES	NO		
②	MORPHOLOGY OF FISSURES	GOOD COMPLEX			
③	SUBSURFACE LESIONS	YES	NO		
④	STATE OF ORAL HYGIENE	GOOD POOR			
QUESTION-BASED EXAMINATION - CIRCLE APPROPRIATE ANSWERS TO FOLLOWING QUESTIONS					
⑤	ARE YOU CURRENTLY RECEIVING ORTHODONTIC TREATMENT?	YES	NO		
⑥	DO YOU CURRENTLY TAKE MEDICINE FOR ASTHMA?	YES	NO		
⑦	HOW MANY TIMES A DAY DO YOU HAVE SNACKS?	0	1	2	3 OR MORE
⑧	HOW MANY TIMES A DAY DO YOU HAVE A LATE-NIGHT SNACK?	0	1	2	3 OR MORE
⑨	EXCLUDING SNACKS AND LATE-NIGHT SNACKS, HOW MANY TIMES A DAY DO YOU EAT CONFECTIONERY SUCH AS CANDY, GUM OR CHOCOLATE?	0	1	2	3 OR MORE
⑩	EXCLUDING SNACKS AND LATE-NIGHT SNACKS, HOW MANY TIMES A DAY DO YOU DRINK JUICE, SPORTS DRINKS, COFFEE OR TEA WITH SUGAR, ETC.?	0	1	2	3 OR MORE
EXAMINATION ITEM DISPLAY		SECTION (A11)		ANSWERS SECTION (A12)	
DATA GATHERING PART (A1)					
JUDGEMENT SECTION (A31)					
RISK JUDGEMENT PART (A3)					
TOTAL					

## 'RISK ESTIMATION' PROCESSING PART (A)

## JUDGEMENT CRITERIA PART (A2)

## RISK VALUE JUDGEMENT CRITERIA SECTION (A21)

RISK FACTOR	ITEM NO.	JUDGEMENT CRITERION	RISK VALUE
CARIES EXPERIENCE	①	YES	1
MORPHOLOGY OF FISSURES	②	COMPLEX	1
SUBSURFACE LESIONS	③	YES	4
STATE OF ORAL HYGIENE	④	POOR	2
RECEIVING ORTHODONTIC TREATMENT	⑤	YES	2
TAKING MEDICINE THAT SUPPRESSES SALIVA SECRETION	⑥	YES	3
EATING HABITS	⑦⑧⑨⑩	TOTAL IS 5 TIMES OR MORE	2

## OVERALL RISK JUDGEMENT CRITERIA SECTION (A41)

JUDGEMENT CRITERION RISK JUDGEMENT	TOTAL OF RISK VALUES 11-15 HIGH	TOTAL OF RISK VALUES 6-10 NORMAL	TOTAL OF RISK VALUES 1-5 LOW

## OVERALL RISK DISPLAY PART (A4)

Fig.2